

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/IPC-03	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Actual EDPE Gains - Format C						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL	<input checked="" type="checkbox"/>	TRAINING	ADMIN. GENERAL		
	<input checked="" type="checkbox"/>	LOGISTICS	<input checked="" type="checkbox"/>	SECURITY	OTHER (specify)		
	<input checked="" type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE	MIS		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2		Perpetual - Semi Annual			1 - OPPB		
7. FORMAT (memorandum, form computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Coded Transcript Sheet		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		BOB Circular No. A-83		
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
Directorate		Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
13	9.40		2		\$18.80		2 \$37.60
B. COSTS OF COMPUTER PRODUCED REPORTS							
3 pages x 3 copies x .03 = \$.27							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
OMB Requirement - Initial report June 1967							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						STAT	
16. DATE OF INVENTORY						17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	
Approved For Release 2006/11/13 : CIA-RDP75-00399R000100190033-1							